

# *Illness Management & Recovery*

*Implementation Resource Kit*



**EVIDENCE-BASED PRACTICES**  
*Shaping Mental Health Services Toward Recovery*

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## Implementation Tips for Public Mental Health Authorities

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The Evidenced-Based Practices Project presents public mental health authorities with a unique opportunity to improve clinical services for adults with severe mental illness. Service system research has evolved to a point where it can identify a cluster of practices that demonstrate a consistent, positive impact on the lives of people who have experienced psychiatric symptoms. The Illness Management and Recovery Program represents one of those evidence-based practices.

This document is for public mental health authorities who are planning to implement the Illness Management and Recovery Program—a series of weekly sessions in which practitioners help people who have experienced psychiatric symptoms develop strategies for managing mental illness and achieve personal goals. The program can be provided in an individual or group format and generally lasts between three to six months. It is designed for persons with schizophrenia, schizoaffective disorder, bipolar disorder, and major depression.

### **Building a Consensus for Change**

To implement the Illness Management and Recovery Program, the public mental health authority must assemble all of the stakeholders: people who have experienced psychiatric symptoms, family members and other supporters, practitioners, related state/public organizations, and provider groups.

From the beginning, the public mental health authority needs to be an active part of this group as they discuss the goals of illness management and recovery, identify the benefits they expect, and determine the best methods for implementing it in the service system. For the implementation to succeed, the public mental health authority must articulate the vision of illness management and recovery and develop momentum around that vision.

## Making the Change

With a vision firmly in place, the process of intervention in the service system can begin. Careful planning will go a long way to ensure a successful outcome. A pilot or demonstration site may be used to manage the inevitable problems that will arise and will give all the stakeholders the opportunity to see that this intervention works. The public mental health authority is responsible for creating incentives within the system. Attention to the alignment of these incentives is vital to the success of the implementation of the Illness Management and Recovery Program.

## Sustaining the Change

Sustaining the project should be central in the initial planning stage. There are too many examples of excellent initiatives that began positively and had the enthusiastic support of participants, but then floundered because of a failure to address the critical issue of the ongoing project maintenance. The public mental health authority can use strategies (rules and contracts) to address the issue of program maintenance and can ensure that the Illness Management and Recovery Program will continue to grow and develop.

It is important to help agencies find solutions when problems arise in implementing the Illness Management and Recovery Program. It is also important to collect good data on the programs that are implemented. Site visits, fidelity measures, and outcome data are extremely useful to ensure quality services over time.

## Strategies for Public Mental Health Authorities

- ▶ Articulate the vision of illness management and recovery, which is based on people with psychiatric symptoms developing their own strategies for managing mental illness and developing plans for achieving personal goals. It is a collaborative approach that stresses the person's individual experience with psychiatric symptoms and his or her individual goals.
- ▶ Articulate the benefits of illness management and recovery, which includes people who have experienced psychiatric symptoms being able to reduce relapses and to move forward in recovery.
- ▶ Involve as many people as possible in planning for implementation and maintenance. The more stakeholders involved, the more comprehensive the plans can be.

- ▶ Anticipate funding needs. For some agencies that have already instituted a psycho-educational program, implementing the Illness Management and Recovery Program will involve staff training and the introduction of structured curriculum and specific techniques. For agencies that do not have a psychoeducational program, more changes in organization, staffing and funding will be necessary.
- ▶ Make efforts to ensure that services are reimbursed at a realistic rate. Implementing the program should not be experienced as a financial loss for an agency.
- ▶ Monitor fidelity of program implementation. If the program is not being implemented as designed, the outcomes will not be as positive.
- ▶ Monitor outcomes. Use the outcome measures to demonstrate that people who have experienced psychiatric symptoms are benefiting. Publicize these benefits.
- ▶ Continue to meet regularly with the stakeholder group. A suggested schedule would be approximately once a month for the first year, once every two months for the second year, and quarterly for the third year. These group meetings should focus on progress being made in implementing the Illness Management and Recovery Program (for example, how many people have access to the program?) and how to solve problems in implementation (for example, how can the achievement of people's goals be better documented?).
- ▶ Visit sites that are implementing illness management and recovery. Talk to practitioners and people that are participating in the program. Ask to see the materials that are being used.
- ▶ Identify programs that are doing a particularly good job of implementing the program. Give them public recognition.

## **For more information about the Illness Management and Recovery Program and about training opportunities:**

Visit our website: [www.mentalhealthpractices.org](http://www.mentalhealthpractices.org).

## **For more information**

Mueser, K.; Corrigan, P.; Hilton, D.; Tanzman, B.; Schaub, A.; Gingerich, S.; Copeland, M.E., Essock, S., Tarrier, N.; Morey, B.; Vogel-Scibilia, S.; and Herz, M. Illness management and recovery: A review of the research. *Psychiatric Services*, in press.